5101:3-2-0715 INDIGENT CARE ADJUSTMENT FOR INPATIENT HOSPITAL SERVICES.

THE PROVISIONS OF THIS RULE ARE APPLICABLE TO ALL MEDICAID-PARTICIPATING PROVIDERS OF INPATIENT HOSPITAL SERVICES EXCEPT THOSE NOT INCLUDED IN THE DEFINITION OF "HOSPITAL" AS DESCRIBED IN PARAGRAPH (A)(1) OF THIS RULE. THE PAYMENT PROVISIONS DESCRIBED IN PARAGRAPH (C) OF THIS RULE ARE EFFECTIVE FOR DISCHARGES OR, IN THE CASE OF HOSPITALS EXCLUDED FROM PROSPECTIVE PAYMENT AS PROVIDED IN RULE 5101:3-2-071 OF THE ADMINISTRATIVE CODE, FOR INPATIENT SERVICES ON AND AFTER FEBRUARY 1, 1989.

(A) DEFINITIONS.

(1) "HOSPITAL" MEANS A NONFEDERAL HOSPITAL REGISTERED UNDER SECTION 3701.07 OF THE REVISED CODE AS A GENERAL MEDICAL AND SURGICAL HOSPITAL OR AS A PEDIATRIC GENERAL HOSPITAL, OTHER THAN A HOSPITAL OPERATED BY A HEALTH MAINTENANCE ORGANIZATION THAT HAS BEEN ISSUED A CERTIFICATE OF AUTHORITY UNDER SECTION 1742.05 OF THE REVISED CODE, OR A HOSPITAL THAT DOES NOT CHARGE PATIENTS FOR SERVICES.

(2) "MEDICAL ASSISTANCE PROGRAM" MEANS THE PROGRAM OF MEDICAL ASSISTANCE ESTABLISHED UNDER SECTION 5111.02 OF THE REVISED CODE AND UNDER TITLE XIX OF THE SOCIAL SECURITY ACT, 49 STAT. 620 (1935), 42 U.S.C. 301, AS AMENDED.

(3) "HOSPITAL CARE ASSURANCE FUND" MEANS THE FUND DESCRIBED UNDER SECTION 3702.05 OF THE REVISED CODE.

(4) "DISPROPORTIONATE SHARE FUND" MEANS THE FUND DESCRIBED UNDER SECTION 3702.05 OF THE REVISED CODE.

(B) APPLICABILITY.

THE REQUIREMENTS OF PARAGRAPHS (A) TO (A)(4) AND (C) TO (H) OF THIS RULE APPLY ONLY AS LONG AS FEDERAL FUNDS UNDER THE MEDICAL ASSISTANCE PROGRAM ARE PROVIDED FOR THE PURPOSES OF THOSE PARAGRAPHS IN AN AMOUNT AT LEAST EQUAL TO THE AMOUNT ALL HOSPITALS WOULD BE REQUIRED TO PAY AS DETERMINED UNDER A FINAL RECONCILIATION UNDER PARAGRAPHS (F) TO (F)(4) AND (G)(1) OF THIS RULE. WHENEVER THE DEPARTMENT OF HUMAN SERVICES IS INFORMED THAT FEDERAL FUNDS ARE NOT TO BE PROVIDED FOR THOSE PURPOSES IN AN AMOUNT AT LEAST EQUAL TO THE AMOUNT ALL HOSPITALS WOULD BE REQUIRED TO PAY AS DETERMINED UNDER A FINAL RECONCILIATION UNDER PARAGRAPHS (F) TO (F)(4) AND (G)(1) OF THIS RULE, THE DEPARTMENT SHALL PROMPTLY REFUND TO EACH HOSPITAL THE AMOUNT OF MONEY CURRENTLY IN THE HOSPITAL CARE ASSURANCE FUND CREATED BY SECTION 3702.05 OF THE REVISED CODE THAT HAS BEEN PAID BY THE HOSPITAL, PLUS ANY INVESTMENT EARNINGS ON THAT AMOUNT.

TNS # 88-19 APPROVAL DATE 4/6/89
SUPERSEDES
TNS # new EFFECTIVE DATE Feb. 1, 1989

(C) SOURCE DATA FOR CALCULATIONS.

THE CALCULATIONS DESCRIBED IN THIS RULE WILL BE BASED ON COST-REPORTING DATA DESCRIBED IN RULE 5101:3-2-23 OF THE ADMINISTRATIVE CODE WHICH REFLECT THE HOSPITAL'S FISCAL REPORTING PERIOD ENDING IN THE CALENDAR YEAR PRECEDING THE FIRST DAY OF JULY OF EACH YEAR. DATA USED IN THE CALCULATIONS DESCRIBED IN THIS RULE WILL BE THE COST REPORT DATA DESCRIBED IN THIS PARAGRAPH SUBJECT TO ADJUSTMENTS MADE BY DEPARTMENTAL REVIEW WHICH ARE COMPLETED BY THE FIRST DAY OF AUGUST OF EACH YEAR AND SUBJECT TO THE PROVISIONS OF PARAGRAPHS (F) TO (F)(4) AND (G)(1) OF THIS RULE.

(D) CALCULATION OF INDIGENT CARE ASSESSMENT AMOUNTS.

(1) DETERMINE EACH HOSPITAL'S TOTAL COSTS FOR ALL PATIENTS BY IDENTIFYING EITHER:

(a) FOR HOSPITALS WITH COST-REPORTING PERIODS ENDING ON DECEMBER THIRTY-FIRST, THE AMOUNT FROM THE ODHS 2930, SCHEDULE B, COLUMN 1, LINE 101; OR

(b) FOR ALL OTHER HOSPITALS, THE AMOUNT FROM THE ODHS 2930, SCHEDULE A, COLUMN 1, LINE 101A.

(2) DETERMINE THE PERCENTAGE OF AMOUNTS DESCRIBED IN PARAGRAPH (D)(1) OF THIS RULE THAT CONSTITUTE COSTS, AS REPORTED BY HOSPITALS THAT REQUEST TO QUALIFY UNDER PARAGRAPH (D)(3)(a) OF THIS RULE, FOR SERVICES TO PATIENTS WHO AT THE TIME THE SERVICE WAS PROVIDED RESIDED OUTSIDE THE COUNTY IN WHICH THE HOSPITAL IS LOCATED. FOR THE PURPOSES OF THIS PARAGRAPH, TOTAL COST FOR NONRESIDENTS OF THE COUNTY OF HOSPITAL LOCATION IS CALCULATED BY:

(a) DETERMINING THE PERCENTAGE OF TOTAL CHARGES FOR ALL PATIENTS WHICH REPRESENT CHARGES FOR SERVICES TO NONRESIDENTS OF THE COUNTY OF HOSPITAL LOCATION; AND

(b) MULTIPLY TOTAL COSTS DESCRIBED IN PARAGRAPH (D)(2) OF THIS RULE BY THE PERCENTAGE DESCRIBED IN PARAGRAPH (D)(2)(a) OF THIS RULE.

(3) DETERMINE THE INDIGENT CARE ASSESSMENT AMOUNT BY THE METHOD DESCRIBED IN PARAGRAPH (D)(3)(a) OR (D)(3)(b) OF THE RULE, AS APPLICABLE.

(a) IF THE PERCENTAGE DETERMINED UNDER PARAGRAPH (D)(2) OF THIS RULE IS SIXTY PER CENT OR LESS, MULTIPLY THE HOSPITAL'S TOTAL COSTS FOR ALL PATIENTS AS DESCRIBED IN PARAGRAPHS (D)(1) TO (D)(1)(b) OF THIS RULE BY .005.

(b) IF THE PERCENTAGE DETERMINED UNDER PARAGRAPHS (D)(2) TO (D)(2)(b) OF THIS RULE EXCEEDS SIXTY PER CENT, MULTIPLY THE HOSPITAL'S TOTAL COSTS FOR SERVICES TO PATIENTS WHO RESIDE WITHIN THE COUNTY IN WHICH THE HOSPITAL IS LOCATED BY .005. FOR THE PURPOSES OF THIS PARAGRAPH, TOTAL COSTS FOR SERVICES TO RESIDENTS OF THE COUNTY OF HOSPITAL LOCATION IS CALCULATED BY SUBTRACTING THE AMOUNT DERIVED FROM PARAGRAPH (D)(2)(b) OF THIS RULE FROM THE AMOUNT DESCRIBED IN PARAGRAPHS (D)(1) TO (D)(1)(b) OF THIS RULE.

(E) CALCULATION OF INDIGENT CARE ADJUSTMENT AMOUNTS.

(1) DETERMINE THE SUM OF AMOUNTS FOR ALL HOSPITALS DERIVED FROM PARAGRAPHS (D)(3)(a) AND (D)(3)(b) OF THIS RULE.

(2) ADD TO THE AMOUNT DERIVED FROM PARAGRAPH (E)(1) OF THIS RULE THE AMOUNT OF FEDERAL MATCHING FUNDS THAT WOULD BE AVAILABLE AS A RESULT OF USING THE AMOUNT DESCRIBED IN PARAGRAPH (E)(1) OF THIS RULE AS STATE MATCHING FUNDS UNDER THE MEDICAL ASSISTANCE PROGRAM.

(3) CALCULATE THE PERCENTAGE THAT EACH HOSPITAL'S TOTAL MEDICAID COSTS CONSTITUTE OF THE SUM OF TOTAL MEDICAID COSTS FOR ALL HOSPITALS TO DETERMINE THE INDIGENT CARE ADJUSTMENT FACTOR. TOTAL MEDICAID COSTS FOR EACH HOSPITAL ARE EITHER:

(a) FOR HOSPITALS WITH COST-REPORTING PERIODS ENDING ON DECEMBER THIRTY-FIRST, THE AMOUNT FROM THE ODHS 2930, SCHEDULE H, SECTION 3, COLUMN 1, LINE 9; OR

(b) FOR ALL OTHER HOSPITALS, THE AMOUNT FROM THE ODHS 2930, SCHEDULE H, SECTION 3, COLUMN 1, LINE 8.

(4) ON AND AFTER JULY 1, 1989, TOTAL COSTS UNDER THE MEDICAL ASSISTANCE PROGRAM SHALL INCLUDE, BUT NOT BE LIMITED TO, THE ACTUAL COST TO THE HOSPITAL OF CARE RENDERED TO MEDICAL ASSISTANCE RECIPIENTS ENROLLED IN A HEALTH MAINTENANCE ORGANIZATION THAT HAS ENTERED INTO A CONTRACT WITH THE DEPARTMENT OF HUMAN SERVICES. IN THE EVENT THE HOSPITAL CANNOT IDENTIFY THE COSTS ASSOCIATED WITH RECIPIENTS ENROLLED IN A HEALTH MAINTENANCE ORGANIZATION, THE DEPARTMENT SHALL ADD THE PAYMENTS MADE OR CHARGES INCURRED FOR THE RECIPIENT, AS REPORTED BY THE HEALTH MAINTENANCE ORGANIZATION AND VERIFIED BY THE DEPARTMENT, TO THE TOTAL MEDICAID COSTS AND CHARGES.

(5) MULTIPLY THE INDIGENT CARE FACTOR DESCRIBED IN PARAGRAPH (E)(3) OF THIS RULE BY THE AMOUNT DERIVED FROM PARAGRAPH (E)(2) OF THIS RULE TO DETERMINE THE INDIGENT CARE ADJUSTMENT AMOUNT FOR EACH HOSPITAL.

(F) NOTIFICATION AND RECONSIDERATION PROCEDURES.

(1) ON OR BEFORE THE TENTH DAY OF AUGUST OF EACH YEAR, THE DEPARTMENT SHALL MAIL THE RESULTS OF THE DETERMINATIONS MADE UNDER PARAGRAPH (E)(5) OF THIS RULE TO EACH HOSPITAL. IF NO HOSPITAL SUBMITS A REQUEST FOR RECONSIDERATION AS DESCRIBED IN THIS RULE, THE DETERMINATIONS CONSTITUTE THE FINAL RECONCILIATION OF THE AMOUNTS THAT EACH HOSPITAL MUST PAY AND IS ELIGIBLE TO RECEIVE UNDER THIS RULE SUBJECT TO ADJUSTMENT UNDER PARAGRAPH (F)(3) OF THIS RULE.

(2) ON OR BEFORE THE THIRTY-FIRST DAY OF AUGUST, ANY HOSPITAL MAY SUBMIT TO THE DEPARTMENT A WRITTEN REQUEST FOR RECONSIDERATION OF THE DETERMINATIONS MADE UNDER PARAGRAPH (E)(5) OF THIS RULE. THE REQUEST SHALL BE ACCOMPANIED BY WRITTEN MATERIALS SETTING FORTH THE BASIS FOR THE RECONSIDERATION. IF ONE OR MORE HOSPITALS SUBMIT SUCH A REQUEST, THE DEPARTMENT SHALL HOLD A PUBLIC HEARING IN COLUMBUS ON OR BEFORE THE TWENTY-FIRST DAY OF SEPTEMBER FOR THE PURPOSE OF RECONSIDERING ITS DETERMINATION. THE DEPARTMENT SHALL MAIL WRITTEN NOTICE OF THE DATE, TIME, AND PLACE OF THE HEARING TO EVERY HOSPITAL AT LEAST TEN DAYS BEFORE THE DATE OF THE HEARING. ON THE BASIS OF THE EVIDENCE SUBMITTED TO THE DEPARTMENT OR PRESENTED AT THE PUBLIC HEARING, THE DEPARTMENT SHALL RECONSIDER AND MAY ADJUST THE DETERMINATIONS. THE RESULT OF THE RECONSIDERATION IS THE FINAL RECONCILIATION OF THE AMOUNTS THAT EACH HOSPITAL MUST PAY AND IS ELIGIBLE TO RECEIVE UNDER THE PROVISIONS OF THIS RULE, SUBJECT TO ADJUSTMENT UNDER PARAGRAPH (F)(3) OF THIS RULE.

(3) IF ONE OR MORE HOSPITALS MUST PAY MORE THAN THEY ARE ELIGIBLE TO RECEIVE UNDER A FINAL RECONCILIATION DETERMINED UNDER PARAGRAPH (F)(2) OF THIS RULE, THE DEPARTMENT SHALL ADJUST THE FINAL RECONCILIATION BY REDUCING THE AMOUNT EACH SUCH HOSPITAL MUST PAY TO THE AMOUNT IT IS ELIGIBLE TO RECEIVE. THE DIFFERENCE BETWEEN THE AMOUNT SUCH HOSPITALS WOULD HAVE HAD TO PAY UNDER THE FINAL RECONCILIATION PRIOR TO ADJUSTMENT AND THE AMOUNTS THEY MUST PAY AFTER ADJUSTMENT UNDER THE PROVISIONS OF THIS RULE SHALL BE PAID TO THE HOSPITAL CARE ASSURANCE PROGRAM FUND.

(4) ON OR BEFORE THE TENTH DAY OF OCTOBER. THE DEPARTMENT SHALL MAIL EACH HOSPITAL WRITTEN NOTICE OF THE AMOUNT IT MUST PAY AND THE AMOUNT OF PAYMENTS IT IS ELIGIBLE TO RECEIVE UNDER THE FINAL RECONCILIATION. THE NOTICE SHALL REFLECT ANY ADJUSTMENTS MADE IN THE FINAL RECONCILIATION UNDER PARAGRAPH (F)(3) OF THIS RULE. ANY HOSPITAL MAY APPEAL THE AMOUNT IT MUST PAY OR IS ELIGIBLE TO RECEIVE TO THE COURT OF COMMON PLEAS OF FRANKLIN COUNTY.

(G) INDIGENT CARE PAYMENTS AND ADJUSTMENTS.

(1) EVERY HOSPITAL THAT MUST MAKE PAYMENTS TO THE DEPARTMENT OF HUMAN SERVICES AS DETERMINED UNDER THE PROVISIONS OF THIS RULE SHALL MAKE THE PAYMENTS IN EQUAL QUARTERLY INSTALLMENTS. IF THE FINAL DETERMINATION THAT THE HOSPITAL MUST MAKE PAYMENTS WAS MADE BY THE DEPARTMENT, THE HOSPITAL SHALL MAKE THE QUARTERLY PAYMENTS ON OR BEFORE THE TENTH DAY OF NOVEMBER OF THE YEAR IN WHICH THE DEPARTMENT MADE THE DETERMINATION, AND ON OR BEFORE THE TENTH DAY OF FEBRUARY, MAY, AND AUGUST OF THE YEAR FOLLOWING THE YEAR IN WHICH THE DEPARTMENT MADE THE DETERMINATION. IF THE FINAL DETERMINATION THAT THE HOSPITAL MUST MAKE PAYMENTS WAS MADE BY THE COURT OF COMMON PLEAS OF FRANKLIN COUNTY, THE HOSPITAL SHALL MAKE THE QUARTERLY PAYMENTS ON OR BEFORE THE TENTH DAY OF EACH OF THE FIRST FOUR CALENDAR QUARTERS FOLLOWING THE DATE ON WHICH THE COURT MADE THE DETERMINATION. BY NOVEMBER 1, 1988, THE DIRECTOR OF HUMAN SERVICES SHALL ESTABLISH, UNDER RULES ADOPTED UNDER CHAPTER 119. OF THE REVISED CODE, DELAYED PAYMENT SCHEDULES FOR HOSPITALS THAT ARE UNABLE TO MAKE TIMELY PAYMENTS UNDER THIS PARAGRAPH BECAUSE OF FINANCIAL DIFFICULTIES. THE DELAYED PAYMENTS SHALL INCLUDE INTEREST AT THE RATE OF TEN PER CENT PER YEAR ON THE AMOUNT PAYABLE FROM THE DATE THE PAYMENT WOULD HAVE BEEN DUE HAD THE DELAY NOT BEEN GRANTED UNTIL THE DATE OF PAYMENT.

(2) ALL PAYMENTS FROM HOSPITALS UNDER THIS RULE SHALL BE DEPOSITED TO THE CREDIT OF THE HOSPITAL CARE ASSURANCE PROGRAM FUND. ALL INVESTMENT EARNINGS OF THE FUND SHALL BE CREDITED TO THE FUND. THE DEPARTMENT SHALL MAINTAIN RECORDS THAT SHOW THE AMOUNT OF MONEY IN THE FUND AT ANY TIME THAT HAS BEEN PAID BY EACH HOSPITAL AND THE AMOUNT OF ANY INVESTMENT EARNINGS ON THAT AMOUNT. ALL MONEYS CREDITED TO THE HOSPITAL CARE ASSURANCE PROGRAM FUND SHALL BE USED SOLELY TO MAKE PAYMENTS TO HOSPITALS UNDER THE PROVISIONS OF THIS RULE:

(3) ALL FEDERAL MATCHING FUNDS RECEIVED AS A RESULT OF HOSPITAL PAYMENTS DEPOSITED IN THE HOSPITAL CARE ASSURANCE PROGRAM FUND SHALL BE CREDITED TO THE DISPROPORTIONATE SHARE FUND. ALL INVESTMENT EARNINGS OF THE FUND SHALL BE CREDITED TO THE FUND. ALL MONEY CREDITED TO THE DISPROPORTIONATE SHARE FUND SHALL BE USED SOLELY TO MAKE PAYMENTS TO HOSPITALS UNDER THE PROVISIONS OF THIS RULE.

(4) THE DEPARTMENT SHALL MAKE PAYMENTS TO EACH HOSPITAL MEETING THE DEFINITION IN PARAGRAPH (A)(1) OF THIS RULE IN EQUAL QUARTERLY INSTALLMENTS. IF THE DEPARTMENT DETERMINED THAT THE HOSPITAL WAS ELIGIBLE TO RECEIVE PAYMENTS, THE PAYMENTS SHALL BE PAID ON OR BEFORE THE TWENTIETH DAY OF EACH CALENDAR QUARTER OF THE YEAR FOLLOWING THE YEAR IN WHICH THE DEPARTMENT MADE THE DETERMINATION. IF THE COURT DETERMINED THAT THE HOSPITAL WAS ELIGIBLE TO RECEIVE PAYMENTS, THE PAYMENTS SHALL BE PAID ON OR BEFORE THE TWENTIETH DAY OF THE FIRST FOUR CALENDAR QUARTERS FOLLOWING THE DATE ON WHICH THE COURT MADE THE DETERMINATION. THE PAYMENTS SHALL BE MADE SOLELY FROM THE HOSPITAL CARE ASSURANCE PROGRAM FUND AND THE DISPROPORTIONATE SHARE FUND. IF AMOUNTS IN THE FUNDS ARE INSUFFICIENT TO MAKE THE TOTAL AMOUNT OF PAYMENTS FOR WHICH HOSPITALS ARE ELIGIBLE IN ANY QUARTER, THE DEPARTMENT SHALL REDUCE THE AMOUNT OF EACH PAYMENT BY THE PERCENTAGE BY WHICH THE AMOUNTS ARE INSUFFICIENT. ANY AMOUNTS NOT PAID IN THE QUARTER IN WHICH THEY ARE DUE SHALL BE PAID TO HOSPITALS AS SOON AS MONEYS ARE AVAILABLE IN THE FUNDS.

(5) ALL PAYMENTS TO HOSPITALS UNDER THE PROVISIONS OF THIS RULE ARE CONDITIONAL ON:

(a) EXPIRATION OF THE TIME FOR APPEALS UNDER THE PROVISIONS OF PARAGRAPHS (F) TO (F)(4) OF THIS RULE WITHOUT THE FILING OF AN APPEAL, OR ON COURT DETERMINATIONS, IN THE EVENT OF APPEALS, THAT THE HOSPITAL IS ENTITLED TO THE PAYMENTS;

(b) THE AVAILABILITY OF SUFFICIENT MONEYS IN THE HOSPITAL CARE ASSURANCE PROGRAM FUND AND THE DISPROPORTIONATE SHARE FUND TO MAKE THE PAYMENTS AFTER THE FINAL DETERMINATION OF ANY APPEALS.

(6) IF AN AUDIT CONDUCTED BY THE DEPARTMENT OF THE AMOUNTS OF PAYMENTS MADE AND RECEIVED BY HOSPITALS UNDER THE PROVISIONS OF THIS RULE IDENTIFIES AMOUNTS THAT, DUE TO ERRORS BY THE DEPARTMENT, A HOSPITAL SHOULD NOT HAVE BEEN REQUIRED TO PAY BUT DID PAY, SHOULD HAVE BEEN REQUIRED TO PAY BUT DID NOT PAY, SHOULD NOT HAVE RECEIVED BUT DID RECEIVE, OR SHOULD HAVE RECEIVED BUT DID NOT RECEIVE, THE DEPARTMENT SHALL:

(a) MAKE PAYMENTS TO ANY HOSPITAL THAT THE AUDIT REVEALS PAID AMOUNTS IT SHOULD NOT HAVE BEEN REQUIRED TO PAY OR DID NOT RECEIVE AMOUNTS IT SHOULD HAVE RECEIVED;

(b) TAKE ACTION TO RECOVER FROM A HOSPITAL ANY AMOUNTS THAT THE AUDIT REVEALS IT SHOULD HAVE BEEN REQUIRED TO PAY BUT DID NOT PAY OR THAT IT SHOULD NOT HAVE RECEIVED BUT DID RECEIVE.

(7) PAYMENTS MADE UNDER PARAGRAPH (G)(6)(a) OF THIS RULE SHALL BE MADE FROM THE HOSPITAL CARE ASSURANCE PROGRAM FUND. AMOUNTS RECOVERED UNDER PARAGRAPH (G)(6)(b) OF THIS RULE SHALL BE DEPOSITED TO THE CREDIT OF THAT FUND. ANY HOSPITAL MAY APPEAL THE AMOUNT THE HOSPITAL IS TO BE PAID UNDER PARAGRAPH (G)(6)(a) OF THIS RULE OR THE AMOUNT THAT IS TO BE RECOVERED FROM THE HOSPITAL UNDER PARAGRAPH (G)(6)(b) OF THIS RULE TO THE COURT OF COMMON PLEAS OF FRANKLIN COUNTY.

(H) AUDITS BY THE AUDITOR OF STATE.

ON THE BASIS OF THE INFORMATION CONTAINED IN ANY AUDIT BY THE AUDITOR OF STATE, THE DEPARTMENT SHALL REFUND AMOUNTS THAT HOSPITALS SHOULD NOT HAVE BEEN REQUIRED TO PAY, RECOVER AMOUNTS THAT HOSPITALS SHOULD HAVE BEEN REQUIRED TO PAY BUT DID NOT PAY, RECOVER AMOUNTS THAT HOSPITALS SHOULD NOT HAVE RECEIVED BUT DID RECEIVE, AND PAY AMOUNTS THAT HOSPITALS SHOULD HAVE RECEIVED BUT DID NOT RECEIVE. ACTIONS TO RECOVER AMOUNTS MAY INCLUDE INSTITUTION OF A CIVIL ACTION. AMOUNTS REFUNDED TO A HOSPITAL SHALL BE PAID FROM THE HOSPITAL CARE ASSURANCE PROGRAM FUND AND SHALL INCLUDE INTEREST AT THE RATE OF TEN PER CENT PER YEAR ON THE AMOUNT PAID FROM THE DATE THE PAYMENT WAS MADE BY THE HOSPITAL UNTIL THE DATE OF THE REFUND. PAYMENT OF AMOUNTS THAT A HOSPITAL SHOULD HAVE RECEIVED BUT DID NOT RECEIVE SHALL BE PAID FROM THE FUND, AND SHALL INCLUDE INTEREST AT THE RATE OF TEN PER CENT PER YEAR ON THE AMOUNT PAYABLE FROM THE DATE THAT THE AMOUNT WOULD HAVE BEEN PAID TO THE HOSPITAL HAD THE ERROR NOT OCCURRED UNTIL THE DATE OF PAYMENT. AMOUNTS RECOVERED FROM A HOSPITAL SHALL BE CREDITED TO THE FUND. A HOSPITAL IS ENTITLED TO RECOVER AMOUNTS PAID TO THE DEPARTMENT AND TO RECEIVE REFUNDS AND PAYMENTS FROM THE DEPARTMENT UNDER THE PROVISIONS OF THIS PARAGRAPH ONLY TO THE EXTENT THAT MONEYS ARE AVAILABLE IN THE HOSPITAL CARE ASSURANCE PROGRAM.

(I) CONFIDENTIALITY.

EXCEPT AS SPECIFICALLY REQUIRED BY THIS RULE AND RULE 5101:3-2-24 OF THE ADMINISTRATIVE CODE, INFORMATION FILED SHALL NOT INCLUDE ANY PATIENT-IDENTIFYING MATERIAL. INFORMATION INCLUDING PATIENT-IDENTIFYING MATERIAL IS NOT A PUBLIC RECORD UNDER SECTION 149.43 OF THE REVISED CODE, AND NO PATIENT-IDENTIFYING MATERIAL SHALL BE RELEASED PUBLICLY BY THE DEPARTMENT OF HUMAN SERVICES OR BY ANY PERSON UNDER CONTRACT WITH THE DEPARTMENT WHO HAS ACCESS TO SUCH INFORMATION.

(J) PENALTIES FOR FAILURE TO REPORT OR MAKE PAYMENT.

(1) ANY HOSPITAL THAT FAILS TO REPORT THE INFORMATION REQUIRED UNDER THIS RULE AND UNDER PARAGRAPH (A) OF RULE 5101:3-2-23 OF THE ADMINISTRATIVE CODE ON OR BEFORE THE DATES SPECIFIED IN THIS RULE AND IN RULE 5101:3-2-23 OF THE ADMINISTRATIVE CODE SHALL BE FINED ONE HUNDRED DOLLARS FOR EACH DAY AFTER THE DUE DATE THAT THE INFORMATION IS NOT REPORTED.

(2) ANY HOSPITAL THAT FAILS TO MAKE PAYMENTS TO THE DEPARTMENT ON OR BEFORE THE DATES SPECIFIED IN THIS RULE OR UNDER ANY SCHEDULE FOR DELAYED PAYMENTS TO BE ESTABLISHED UNDER PARAGRAPH (G)(1) OF THIS RULE SHALL BE FINED NOT MORE THAT TWENTY THOUSAND DOLLARS.

(3) THE DIRECTOR OF HUMAN SERVICES SHALL WAIVE THE PENALTIES PROVIDED FOR IN PARAGRAPHS (J)(1) AND (J)(2) OF THIS RULE FOR GOOD CAUSE SHOWN BY THE HOSPITAL.

EFFECTIVE DATE:_____

CERTIFICATION:_____

_____
DATE

PROMULGATED UNDER RC SECTION 119.

STATUTORY AUTHORITY RC 5111.02

TNS # 88-19 APPROVAL DATE 4/6/89
SUPERSEDES
TNS # new EFFECTIVE DATE FEB. 1, 1989

V.2,

## CALCULATION OF ROUTINE COSTS

ODHS 2930 (Rev. 12/
Schedule C

Name of Hospital | Provider Number | Reporting Period

| | | 1 Total Costs Of All Inpatients | 2 Swing Bed Costs | 3 Adjusted Total Col 1 + Col 2 | 4 Total Days | 5 Per Diem Col 3 / Col 4 | 6 XIX Days | 7 XIX Costs | 8 V Days | 9 V Costs | 10 XIX Trans. Days | 11 XIX Trans. Costs |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25. | Adult & Pediatric | | | | | | | | | | | |
| 25a. | Distinct Part Psychiatric | | | | | | | | | | | |
| 25b. | Distinct Part Rehabilitation | | | | | | | | | | | |
| 26. | Intensive Care | | | | | | | | | | | |
| 27. | Coronary Care | | | | | | | | | | | |
| 28. | Burn Intensive Care Unit | | | | | | | | | | | |
| 29. | Surgical Intensive Care | | | | | | | | | | | |
| 30. | Other Special Care | | | | | | | | | | | |
| 31. | Nursery Intensive Care | | | | | | | | | | | |
| 33. | Nursery | | | | | | | | | | | |
| 35. | Total (lines 25-33) | | | | | | | | | | | |

## DISCHARGE STATISTICS

Schedule C-1

| | | 1 Total | 2 XIX PRIOR TO 01/01/00 | 3 XIX AFTER 12/31/99 | 4 TITLE V | 5 TRANSPLANT |
|---|---|---|---|---|---|---|
| Section I | | | | | | |
| 36. | Adult & Pediatric | | | | | |
| 37. | Distinct Part Psychiatric | | | | | |
| 38. | Distinct Part Rehabilitation | | | | | |
| 39. | Nursery | | | | | |
| 40. | Total (lines 36-39) | | | | | |
| 41. | Capital Add-on Rate | | | | | |

| Section II | | |
|---|---|---|
| 42. | Number of Beds | |
| 43. | Number Interns/Residents | |

TN No. 00-008
SUPERSEDES
TN No. 96-015

## TITLE XIX COST CALCULATIONS

ODHS 2930 (Rev. 12/99)
Schedule D, page 1

| Name of Hospital | Provider Number | Reporting Period |
|---|---|---|
| | | |

| | | 1 Ratio | 2 XIX Inpatient Charges | 3 XIX Inpatient Costs | 4 XIX Outpatient Charges | 5 XIX Outpatient Costs | 6 O/P Lab Charges | 7 O/P Lab Costs |
|---|---|---|---|---|---|---|---|---|
| 25. | Adult & Pediatric | | | | | | | |
| 25a. | Distinct Part Psychiatric | | | | | | | |
| 25b. | Distinct Part Rehabilitation | | | | | | | |
| 26. | Intensive Care | | | | | | | |
| 27. | Coronary Care | | | | | | | |
| 28. | Burn Intensive Care Unit | | | | | | | |
| 29. | Surgical Intensive Care | | | | | | | |
| 30. | Other Special Care | | | | | | | |
| 31. | Nursery Intensive Care | | | | | | | |
| 33. | Nursery | | | | | | | |
| 35. | Subtotal (lines 25-33) | | | | | | | |
| 37. | Operating Room | | | | | | | |
| 37a. | Ambulatory Surgery | | | | | | | |
| 37b. | Cast Room | | | | | | | |
| 37c. | Treatment or Observation Room | | | | | | | |
| 38. | Recovery Room | | | | | | | |
| 39. | Delivery & Labor Room | | | | | | | |
| 40. | Anesthesiology | | | | | | | |
| 41. | Radiology - Diagnostic | | | | | | | |
| 41a. | CAT Scan | | | | | | | |
| 41b. | Ultrasound | | | | | | | |
| 41c. | PET Scan | | | | | | | |
| 42. | Radiology - Therapeutic | | | | | | | |
| 43. | Radioisotope / Nuclear Medicine | | | | | | | |
| 44. | Laboratory | | | | | | | |
| 44a. | Oncology | | | | | | | |
| 46. | Whole Blood & Blood Components | | | | | | | |
| 47. | Blood Processing, Storing & Transfusion | | | | | | | |
| 48. | Intravenous Therapy | | | | | | | |
| 49. | Respiratory Therapy | | | | | | | |
| 49a. | Pulmonary Function | | | | | | | |
| 50. | Physical Therapy | | | | | | | |

TN No. 00-028 APPROVAL DATE 5-1-00
SUPERSEDES
TN No. 99-015 EFFECTIVE DATE